

Caring for Our Aging Minority Women

By Jean Oxendine

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Elderly minority women suffer from health problems that often go unnoticed and untreated, according to Marion Primas, Ph.D., Deputy Director, Office of Minority and Women's Health in the HHS Health Resources and Services Administration's Bureau of Primary Health Care. Like younger minority women, the older population of minority women—one of the nation's fastest growing groups—suffers from health problems in greater numbers than the general population.

According to the Administration on Aging (AoA), the older population, aged 65 years or older, numbered 33.9 million in 1996. They represented 12.8 percent of the U.S. population, or about one in eight Americans.

Older women outnumber their male counterparts. There are roughly 145 women for every 100 men. In 1996, about 15 percent of persons over age 65 were minorities; 7.9 percent were Black, 1.9 percent were Asian American or Pacific Islander, 4.7 percent were Hispanic, and less than one percent were American Indian or Alaska Native.

According to Dr. Primas, among the most critical health problems affecting older minority women, are:

- Heart disease, minority women are increasingly more prone to heart attacks;
- Cancer;
- Stroke;
- Alzheimer's disease;
- Mental illness, along with alcohol and drug abuse;
- Osteoporosis, often leading to hip fractures; and other conditions including:
- Polypharmacy—taking too many or the wrong medications;
- Lack of mammography screening;
- Nutrition; and
- Social isolation, socioeconomic status, and elder abuse.

In looking more closely at a few of these areas, we see that the risk of Alzheimer's disease (AD), increases with age, and the prevalence doubles every five years beyond age 65, according to a National Institutes of Health study. The study also shows that nearly half of all people age 85 and older have symptoms of AD. Not only does AD impact the health of the individual and her family, it takes an economic toll in the U.S. in health care expenses and lost wages of both patients and their caregivers. Best estimates show \$80 to \$100 billion go toward caring for AD patients every year.

Another area of concern is that elderly women often misuse over-the-counter (OTC) medications. Older persons experience two to three times more adverse drug reactions than do younger adults, most often from OTC drugs. One reason is that older people use more medications and they consult more physicians, increasing the likelihood of duplication and drug interactions, according to the AoA. Despite this risk, older individuals are much less likely to receive counseling or directions than younger adults.

In 1995, only half of U.S. women were getting regular mammography checkups in accordance with established medical guidelines. "It is recommended that women over age 50 have one mammogram per year, and they should follow through with this recommendation," said Dr. Primas. Almost one in every ten women think they don't have to worry about breast cancer after reaching menopause. They think that with the decrease in estrogen levels, they are less likely to get breast cancer. But the truth is that older age means greater, not less, risk. The longer a woman lives, the more likely she is to develop breast cancer.

"The health of elderly minority women is something with which we should all be concerned," said Dr. Primas. The services are out there, at the federal, state, and local levels. Be proactive and show your loved ones that they can be healthy and that there are treatments for their problems. They do not have to live their older years in pain and suffering. Help is just a phone call away. ♦

